



ST. BRIGID CATHOLIC SCHOOL
50 Woodmount Avenue
Toronto, Ontario M4C 3X9
Telephone: 416-393-5235 Fax: 416-393-5815



**Catholic School Parent Council
Parent Candidate Self Nomination Form**

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I wish to declare my candidacy for an elected position as a parent/guardian representative on the school council.

Name: _____

Address: _____

Email address: _____

Home phone: _____ Business phone: _____

I am the parent/guardian of _____ who is currently registered at St. Brigid
C.S. *Name of Student*

I am an employee of the Toronto Catholic District School Board: ☐ Yes ☐ No

Candidate's Signature: _____ Date: _____

Please be prepared to share a brief biography of yourself at the meeting.

You will be notified when your nomination has been received.

Please submit the form to the school office by Monday September 23rd 2024
